



PTO/SB/22 (08-03)

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|---|-------------------------|---------------------------------------|--|----|--|--|----|--------|---|----|--|--|----|--|--|----|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |                         | Docket No. (Optional)<br>425802000200 |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| In re Application of Amy E. BAKER   |                         |                                       |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| Application Number<br>09/557,187  | Filed<br>April 21, 2000 |                                       |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| For: SALICYLIC ACID ACNE SPRAY FORMULATIONS AND METHODS FOR TREATING ACNE WITH SAME   |                         |                                       |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| Art Unit<br>1617  | Examiner<br>G. Yu       |                                       |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td>420.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td></td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u></p> <p><del>I have enclosed a duplicate copy of this sheet.</del> Fee Transmittal Form (PTO/SB/17) is attached to this submission in duplicate</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>21,013</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) _____</p> <p><u>November 4, 2003</u><br/>Date</p> <p><u>(650) 813-5702</u><br/>Telephone Number</p> <p><u>Thomas E. Ciotti</u><br/>Signature</p> <p><u>Thomas E. Ciotti</u><br/>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |                         |                                       | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |  | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | 420.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |  | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |  | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$                      |                                       |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$                      | 420.00                                |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$                      |                                       |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$                      |                                       |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$                      |                                       |  |    |  |  |    |        |   |    |  |  |    |  |  |    |  |

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